

Combined Declaration For Patent Application and Power of Attorney

ATTORNEY DOCKET
85406DAN

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AN ARRANGEMENT FOR SORTING AND/OR ORGANIZING PHOTOGRAPHIC PRODUCTS

The specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as United States Application Serial No. 10/600,214 on June 20, 2003 and was amended on June 20, 2003 and June 26, 2003 (if applicable).
- ☐ was filed as PCT international application Number on and was amended on (if applicable).



I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (month/day/year)	PRIORITY CLAIMED UNDER 35 USC §119		
			YES		NO
			YES		NO
			YES		NO

I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:

PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):

PROVISIONAL APPLICATION NUMBER	FILING DATE (month/day/year)

I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35 USC §120:

U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		PATENTED	PENDING	ABANDONED
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201			Direct Telephone Calls to: <i>(name and telephone number)</i> David A. Novais (585) 588-2727 FAX: (585) 477-1148
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Watkins	FIRST GIVEN NAME Rachel	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Cumming	STATE OR FOREIGN COUNTRY Georgia 30040	COUNTRY OF CITIZENSHIP USA
	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	CITY 3003 Summit Boulevard, Atlanta	STATE & ZIP CODE (COUNTRY) Georgia 30319
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Clark	FIRST GIVEN NAME Susan	SECOND GIVEN NAME A.
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Schlosberg	FIRST GIVEN NAME Renee	SECOND GIVEN NAME L.
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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Fishel	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME M.
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	BUSINESS ADDRESS	BUSINESS ADDRESS Winston Printing Company	CITY 8095 North Point Boulevard, Winston-Salem	STATE & ZIP CODE (COUNTRY) North Carolina 27106 USA
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	BUSINESS ADDRESS	BUSINESS ADDRESS Winston Printing Company	CITY 8095 North Point Boulevard, Winston-Salem	STATE & ZIP CODE (COUNTRY) North Carolina 27106 USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201 DATE 10/16/03	SIGNATURE OF INVENTOR 202 DATE 10/17/03	SIGNATURE OF INVENTOR 203 DATE 10/17/03
SIGNATURE OF INVENTOR 204 DATE 10/6/03	SIGNATURE OF INVENTOR 205 DATE 10/6/03	SIGNATURE OF INVENTOR 206 DATE 10/3/03

Combined Declaration For Patent Application and Power of Attorney (Continued)				ATTORNEY DOCKET 85406DAN
2	FULL NAME OF INVENTOR	FAMILY NAME Kraft <i>dy 10/1/03</i>	FIRST GIVEN NAME Gene	SECOND GIVEN NAME A.
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
*1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 208		SIGNATURE OF INVENTOR 209
<i>Gene Kraft</i>		<i>John D Woodlief</i>		
DATE 10/06/03		DATE 10/7/03		DATE
SIGNATURE OF INVENTOR 210		SIGNATURE OF INVENTOR 211		SIGNATURE OF INVENTOR 212
DATE		DATE		DATE